

**TRAINER TEST AND EVALUATION PLAN
FOR
NAVIGATION, SEAMANSHIP, AND SHIPHANDLING TRAINER (NSST)**

TEST EVENT:

<INSERT TEST EVENT NAME>
<INSERT TEST EVENT LOCATION>

VERSION <INSERT VERSION #>
<INSERT DOCUMENT DATE>



**NAVAL AIR WARFARE CENTER
TRAINING SYSTEMS DIVISION
12350 RESEARCH PARKWAY
ORLANDO, FLORIDA 32826-3275**

Prepared by: _____

*Contractor Test Manager's signature over
their typed name and functional program
title*

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Trainer Test and Evaluation Plan

For

Navigation, Seamanship, and Shiphandling Trainer (NSST) Test Event <Insert Event>

1. PART I - INTRODUCTION

The Trainer Test and Evaluation Plan (TTEP) documents the approved plan for conducting the specified Test and Evaluation (T&E) event. This TTEP covers <Insert Event Name, Dates, and Location(s)>

2. PART II - TEST PROGRAM MANAGEMENT AND SCHEDULE2.1 The T&E event schedule is shown in TABLE I.TABLE I. Test Event Schedule

Part	Test	Start/Finish Date/Time
1		
2		
3		
4		
5		
6		
7		
8		

2.2 Test Part 12.2.1 Participants

In the following subsections identify all test event participants by phase including organization, function/role, name(s), and contact info:

2.2.1.1 Prime Contractor

The contractor's T&E event participants will include the following:

Function/Role	Participant's Name	Contact Info
Test Manager	TBD	TBD
QA Manager	TBD	TBD
Test Engineer	TBD	TBD
Project Engineer	TBD	TBD
Subject Mater Experts (SMEs)	TBD	TBD

2.2.1.2 Supporting Subcontractor(s)

Supporting subcontractor's T&E participants will include the following:

Company	Function/Role	Participant's Name	Contact Info
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD

2.2.1.3 Government

Government T&E participants will include the following:

Function/Role	Participant's Name	Contact Info
Test Director (TD)	TBD	TBD
Systems Engineer	TBD	TBD
Visual Engineer	TBD	TBD
Software Engineer	TBD	TBD
Integrated Logistics Support Manager (ILSM)	TBD	TBD

2.3 Test Part X

Repeat for all test parts.

3. PART III – TEST AND EVALUATION STRATEGY3.1 Test Part 13.1.1 Ground Rules

Document all mutually agreed to ground rules for the conduct of the T&E Event. Note: Ground rules shall not conflict with legal or contractual requirements.

3.1.1.1 Deficiency Reporting

Appendix A contains a reproducible copy of the DR Form to be used during the T&E event

3.1.1.2 DR sign-off

Each DR will be signed-off by its originator or the originator's designated representative and the TD or the TD's designated representative.

3.1.2 T&E Event Test Article Description

Describe the test article(s) configuration for each T&E event. List all aspects of the test article(s) that will function differently from the final article(s). Discuss testing impacts of the difference between the test article(s) and the final article(s).

3.1.3 T&E Event Description

List the overall objectives for each T&E event phase and describe how each phase of the T&E event will be conducted to meet those objectives.

3.1.4 T&E Event Schedule

Insert a detailed day-by-day T&E event schedule including the daily T&E verification objectives. When a T&E event involves simultaneous verifications, the schedule should address resource deconfliction. When there are potential conflicts between T&E activities and fleet training activities, the schedule should include fleet training schedules. The schedule should include any meetings, in-briefs, out-briefs, safety briefs, etc.

3.1.5 T&E Event Special Requirements

List and describe any T&E Event Special Requirements. Examples of special requirements:

- a. Test tools, instrumentation, equipment, models, scenarios, procedures, documents, etc.*
- b. Fleet support, SME support, Facility support, etc*
- c. Special Training*
- d. Unknown factors that may impact test schedules or results*

3.1.6 T&E Event Limitations

List and describe any test limitations that may significantly affect the ability to verify a specified requirement.

3.2 Test Part X

Repeat for all test parts.

DR NO:		TRAINING DEVICE DEFICIENCY REPORT Naval Warfare Center, Training Systems Division (NAWCTSD)						DEVICE:	
DR TITLE:				TEST PROCEDURES VOL:		SECTION:		STEP:	
DATE:		ORIGINATOR:		REVW BY:			S/E INIT		
Section 1 - TO BE COMPLETED BY THE TEST TEAM MEMBER									
DEFICIENCY DESCRIPTION: 									
SPECIFICATION REF:			SOW REF:			OTHER:			
CATEGORY: <input type="checkbox"/> PART I* <input type="checkbox"/> PART I <input type="checkbox"/> PART II <input type="checkbox"/> PART III									
REMARKS: 									
CLASS: <input type="checkbox"/> SIM SOFTWARE <input type="checkbox"/> SIM HARDWARE <input type="checkbox"/> GFE SOFTWARE <input type="checkbox"/> GFE HARDWARE <input type="checkbox"/> OTHER: <input type="checkbox"/> PRODUCT DESIGN <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> PUBLICATIONS <input type="checkbox"/> DRAWINGS <input type="checkbox"/> TEST PROCEDURES/TEST INSPECTION REPORT									
Section 2 - TO BE COMPLETED BY GOVERNMENT TEST DIRECTOR									
RESPONSIBILITY: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OUT OF SCOPE									
Section 3 - TO BE COMPLETED BY CONTRACTOR									
CORRECTIVE ACTION:						Software Change Request (SCR)/ Engineering Change Notice (ECN):			
CONTRACTOR RETEST: _____ DATE _____					GOVERNMENT RETEST: _____ DATE _____				
<input type="checkbox"/> CORRECTED TEST CONDUCTOR DATE					<input type="checkbox"/> CORRECTED TEST CONDUCTOR DATE				
<input type="checkbox"/> NOT CORRECTED					<input type="checkbox"/> NOT CORRECTED				
<input type="checkbox"/> OUT-OF-SCOPE TEST MANAGER DATE					<input type="checkbox"/> OUT-OF-SCOPE TEST DIRECTOR DATE				
<input type="checkbox"/> CM CHANGES COMPLETED (INITIAL/DATE)					<input type="checkbox"/> CM CHANGES COMPLETED (INITIAL/DATE)				